

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/518 434	FILED DATE
APPLICANT (P)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/		/	/		51		/		/		101
2		/					52		/		/		102
3		/					53		/		/		103
4		/					54		/		/		104
5		/					55		/		/		105
6		/					56		/		/		106
7		/					57		/		/		107
8							58		/		/		108
9							59		/		/		109
10							60		/		/		110
11							61		/		/		111
12							62		/		/		112
13							63		/		/		113
14							64		/		/		114
15							65		/		/		115
16							66		/		/		116
17							67		/		/		117
18							68		/		/		118
19							69		/		/		119
20							70		/		/		120
21							71		/		/		121
22		/					72		/		/		122
23		/					73		/		/		123
24		/					74		/		/		
25		/					75		/		/		
26							76		/		/		
27							77		/		/		
28							78		/		/		
29							79		/		/		
30							80		/		/		
31							81		/		/		
32							82		/		/		
33							83		/		/		
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													